



# Patient Audit Log Request Form

\* indicates required field

\* Patient Name

\* Date of Birth

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\*Patient Home Address

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RHIO Administrator Signature or Patient Signature (Notarized)

Date

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Participating Organization, if applicable

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In order to activate the Patient Audit Request, the patient must do one of the following options:

1. Present at one of their providers with a photo ID and complete the form to request Audit. The provider will send the form to HealtheConnections.
2. Present at a HealtheConnections office with a photo ID and complete the form to request Audit.
3. Patient may request Audit form to be completed and notarized. Patient may send form back via mail or fax (315-407-0053).

**Notarization:**

State of \_\_\_\_\_

County of \_\_\_\_\_

On the \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_

before me, the undersigned, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed in his/her capacity, and that by his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

*Notary Public Printed*

*Name:* \_\_\_\_\_

*Notary Public Signature:* \_\_\_\_\_

*My Commission Expires:* \_\_\_\_\_

(seal or stamp)

**HealtheConnections Staff Use Only:**

Date Audit Log Requested:	